

**KENTUCKY TEACHERS' RETIREMENT SYSTEM
MILITARY SERVICE CERTIFICATION
AND AFFIDAVIT – QDRO**

The Kentucky Teachers' Retirement System member shall complete this form and have it notarized. The member shall return the notarized form within thirty (30) days of the receipt of this notice to the address listed below regardless of military service status. Failure to do so will result in the court being notified of the member's non-compliance with KRS 161.700 and 102 KAR 1:____.

KTRS Member Name: _____
KTRS Member Number: _____ **Social Security Number:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Date of Birth: _____

Military Service: **Check the appropriate response:**

_____ I did **NOT** serve any active military service.

_____ I did serve active military service.

a. **Please send a copy of your discharge papers and provide the dates below:
Period(s) of active military service**

From (MM/DD/YY) _____

To (MM/DD/YY) _____

b. Check the response which best describes your situation:

_____ I am not receiving, nor eligible to receive, any federal retirement benefit based on my active military service other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay under Title 10, US Code, Sec. 1331 to 1337.

_____ I am eligible to, but I hereby certify that I will not, use my active military service for any federal retirement benefit other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay under Title 10, US Code, Sec. 1331 to 1337.

_____ I am receiving or will receive a federal retirement benefit based on my active military service other than Social Security benefits, disability benefits, or non-regular (reserve) military retired pay under Title 10, US Code, Sec. 1331 to 1337. (Enter name and address of federal retirement system below.)

Name of Federal Retirement System

Address

I hereby certify that, to the best of my knowledge and belief, the above information is true and accurate.

Date

Signature

Telephone Number

Subscribed and sworn to before me this ____ day of _____ 20__.

Notary Public: _____

County of _____

Commonwealth of Kentucky

My Commission Expires: _____

Kentucky Teachers' Retirement System/ 479 Versailles Road / Frankfort, KY 40601/ Toll Free 800-618-1687
Telephone: 502/848-8500

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Kentucky law requires the member to complete this form and submit it to Kentucky Teachers' Retirement System [KTRS] when a portion of the member's account is awarded to an alternate payee via a Qualified Domestic Relations Order (QDRO). This form shall be completed even if you do not have any active-duty military service.

MEMBER: Enter the following information in the spaces provided on the Military Service Certification and Affidavit – QDRO form:

Name
KTRS Member Number
Social Security Number
Current Address
Date of Birth

Check the response which best describes your military service. If you check the second response, "I did serve active military service", **you must complete parts a and b and submit a copy of your discharge papers with the affidavit.**

KTRS **must** receive military service documents that include your date of entry into active service (not just your enlistment date), your discharge date, and the type of discharge (honorable, dishonorable, etc.). Discharge papers, such as DD214, DDForm 256CG, WDAGO 53-55, or equivalent, are generally acceptable.

Your County Veterans Officer may be able to assist you if you cannot locate your discharge papers or you can contact:

Kentucky Department of Veterans Affairs
1111B Louisville Road
Frankfort, KY 40601
Telephone: 502/564-9203
Toll Free: 800/572-6245

Sign the form in the presence of a notary public.

If the form is not properly completed, the form shall be returned to the member for correction. This could result in delays in processing of benefits for the member and the alternate payee.

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